



**PAGNOZZI CHARITIES YOUTH SPORTS
SCHOLARSHIP PROGRAM**
26 W. Center St., Suite 204
Fayetteville, AR 72701
479-443-2550
fax: 479-587-9142
www.pagnozzicharities.org



Part 1. Applicant Information- REQUIRED

Child's Name: _____ ☐ M ☐ F **Grade:** _____

☐ Sport ☐ Camp ☐ Instructional ☐ Equipment ☐ Other

Program name and/or specific equipment scholarship is for: _____

Part 2. Additional Information- REQUIRED

The following information is **REQUIRED** to complete the application for processing. Completed Application **must** be submitted, at least, 2 weeks prior to event/start date to allow time for processing. * Proof of all household income for the previous month. * Copy of completed registration (turn original in as directed on registration form). * Facility/class information and contact person (if registration is not available).

Part 3. List ALL Household Members/Income from Last Month- REQUIRED

Receive Food Stamps <input type="checkbox"/> YES <input type="checkbox"/> NO			Free Lunch Program <input type="checkbox"/> YES <input type="checkbox"/> NO			
(List EVERYONE in household)			Welfare, child support, alimony	Pensions, retirement, Social Security	Other	Check if no income
First	Last	Age	Gross Income / How often received			
Jane Doe	(Example)	30	\$300/ bi-monthly (Ex)	\$150/weekly (Ex)	\$600/monthly (Ex)	<input type="checkbox"/>
			\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	<input type="checkbox"/>
			\$ /	\$ /	\$ /	<input type="checkbox"/>

Part 5. Signature and Personal Information (Adult must Sign)

I certify (promise) that all information on this application is true and that all income is reported. I understand that Pagnozzi Charities officials reserve the right to request more information and verify (check) the information. I, also, understand that Pagnozzi Charities is not responsible for injury or loss of property while participating in above scholarship activity. I do, hereby, release Pagnozzi Charities, it's employees, sponsors & Board of Directors from any liability for any accident or injury.

Signature _____ **Today's Date** _____

Home Phone # _____ **Work Phone #** _____ **Message Phone #** _____

Street or Rural Address: _____ **City:** _____

State: _____ **Zip:** _____ **E-Mail Address** _____

Part 6. Demographic Information

Name of School _____ **County of Residence** _____

Part 7. Child's racial and ethnic identities (optional)

☐ Caucasian ☐ African-American ☐ Native American ☐ Native Hawaiian

☐ Hispanic or Latino ☐ Asian ☐ Multi-Racial ☐ Other Pacific Islander